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**NEWFOUNDLAND MEDICAL
CARE COMMISSION**

30TH

ANNUAL REPORT

For the Year Ended March 31, 1999

Mission Statement

The Newfoundland Medical Care Commission is a statutory public corporation whose mandate is to efficiently administer a medical care insurance program on behalf of the residents of Newfoundland and Labrador.

The Commission is committed to facilitating the delivery of comprehensive medical care to all residents of the Province by implementing policies, procedures, and systems which permit appropriate compensation to providers for their rendering of insured professional services.

The Commission shall operate in accordance with the provisions of the Medical Care Insurance Act and Regulations and in compliance with the criteria of the Canada Health Act and shall strive to excel in all of its activities.



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health and Community Services
Office of the Minister

St. John's, September 1999

TO THE HONOURABLE ARTHUR MAXWELL HOUSE, C.M., M.D., F.R.C.P.C.
Lieutenant-Governor of Newfoundland and Labrador

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care
Commission for the year ended March 31, 1999.

Your obedient servant,

JOAN MARIE AYLWARD
Minister of Health and
Community Services



Newfoundland Medical Care Commission

Elizabeth Towers, 100 Elizabeth Avenue

P O Box 200

St. John's, Newfoundland, Canada

A1C 5J3

St. John's, September 1999

TO THE HONOURABLE JOAN MARIE AYLWARD
Minister of Health and Community Services

Honourable Madam:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission
for the year ended March 31, 1999.

Respectfully submitted,

ROBERT O. PEDDIGREW
Executive Director

Introduction

This is the 30th Annual Report of the Newfoundland Medical Care Commission, submitted to The Honourable Minister of Health and Community Services in accordance with Section 35 of the *Medical Care Insurance Act*.

This Report describes the coverage provided under the Medical Care Plan and the Dental Health Plan, and the results of the Commission's operations for the fiscal year ended March 31, 1999. Information is also provided on the structure and function of the Commission, its committees and various internal departments.

Audited financial statements are also presented in this Report, in addition to statistical tables, which provide details on the costs and volumes of transactions processed by the Commission in the administration of the Medical Care Plan and the Dental Health Plan.

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Definition of Terms

Co-Pay Amount	An amount payable by a beneficiary to a dentist for services provided under the Dental Health Plan. This amount is in addition to that payable by the Plan.
Fee-for-Service	A classification given to those providers who submit claims to the Commission for services provided to beneficiaries of the Medical Care Plan or Dental Health Plan. Payments made to fee-for-service providers are in accordance with a schedule of fees.
Global Capping	A restraint measure applied to all fee-for-service and sessional payments to physicians if the total payments exceed the fixed budget for medical services.
Income Proration	A reduction in income applied to individual physicians whose billings exceed established thresholds.
Locums	Physicians who are retained by another physician or a hospital to provide relief for physicians who are on leave because of vacation, illness or other absence.
Out-of-Province Claim	A claim made by a beneficiary for reimbursement of medical care costs incurred while outside the Province of Newfoundland.
Providers	Physicians and dentists who are registered with the Commission and who provide medical and dental services to beneficiaries.
Reciprocal Billing	A claim processing arrangement between all of the Canadian Provinces and Territories (except Quebec). Under the Reciprocal Billing Agreements, a beneficiary's home province is billed for the cost of medical services that the beneficiary receives elsewhere in Canada.
Service Units	Units of medical and dental services received by a beneficiary. These may be office or home visits, or units of time.
Sessional Payments	Payments made to physicians on a per diem basis in lieu of fee-for-service payments. Sessional arrangement applications must receive prior approval and are made when fee-for-service claims are not feasible or practical.
Utilization Patterns	A provider's claim billing pattern, or a beneficiary's pattern of using medical services.

Profile of the Commission

The Newfoundland Medical Care Commission was established in 1968 to administer the Newfoundland Medical Care Plan (MCP) in accordance with the *Medical Care Insurance Act* and supporting Regulations. Responsibility for administration of the Dental Health Plan was passed to the Commission in 1985. These Plans provide payments to physicians and dentists for services rendered to the residents of the Province of Newfoundland. The Commission is governed by a Board of Commissioners, representing different geographic regions and professional backgrounds, including the medical community. This Board is appointed by the Lieutenant-Governor in Council and reports to the House of Assembly through the Minister of Health and Community Services.

Commission Board

The Board of Commissioners normally consists of ten voting members, representing various areas of the Province, and two non-voting ex-officio members. Three of the voting members are selected by the Minister of Health and Community Services from a list of nominees submitted by the Newfoundland and Labrador Medical Association (NLMA). Board members hold office for a term prescribed by the Lieutenant-Governor in Council.

Following the expiration of the terms of office of eight of the ten voting members of the Commission, the Board became inactive during the 1998/99 fiscal year. Appointment of new members was deferred pending a comprehensive review of the organizational structure of the Department of Health and Community Services.

During the period of membership vacancy, management and accountability structures were maintained by the Commission's Executive Director. In his capacity as chief executive officer and ex-officio member of the Commission, the Executive Director reported directly to the Minister of Health and Community Services on an interim basis.

Significant changes in the mandate of the Department over the previous year had necessitated examination of alternate methods of delivery of all

programs, including those of the Medical Care Insurance Program.

A report and recommendations concerning Commission operations and reporting structure was prepared with input by the Executive Director and submitted to the Deputy Minister in February, 1999. In accordance with the Department's organizational restructuring plan, it is anticipated that results of the review will be implemented in 1999/2000.

Commission Management

An executive management team is responsible for directing the day-to-day operations of the Commission. The team of senior management executives are:

Executive Director
Robert O. Peddigrif

Assistant Executive Director
Tony Maher, C.A.

Medical Director
Dr. Catherine Bradbury

Dental Director
Dr. Bruce Bowden

Reporting to the Assistant Executive Director are the following functional departments: Claims Operations; Systems; Audit; Finance and Statistics; and Public Services and Administration.

The **Claims Operations Department** is responsible for the processing and assessment of claims for all medical and dental services. It also provides assistance and training for providers' office staff in the area of claims preparation and submission.

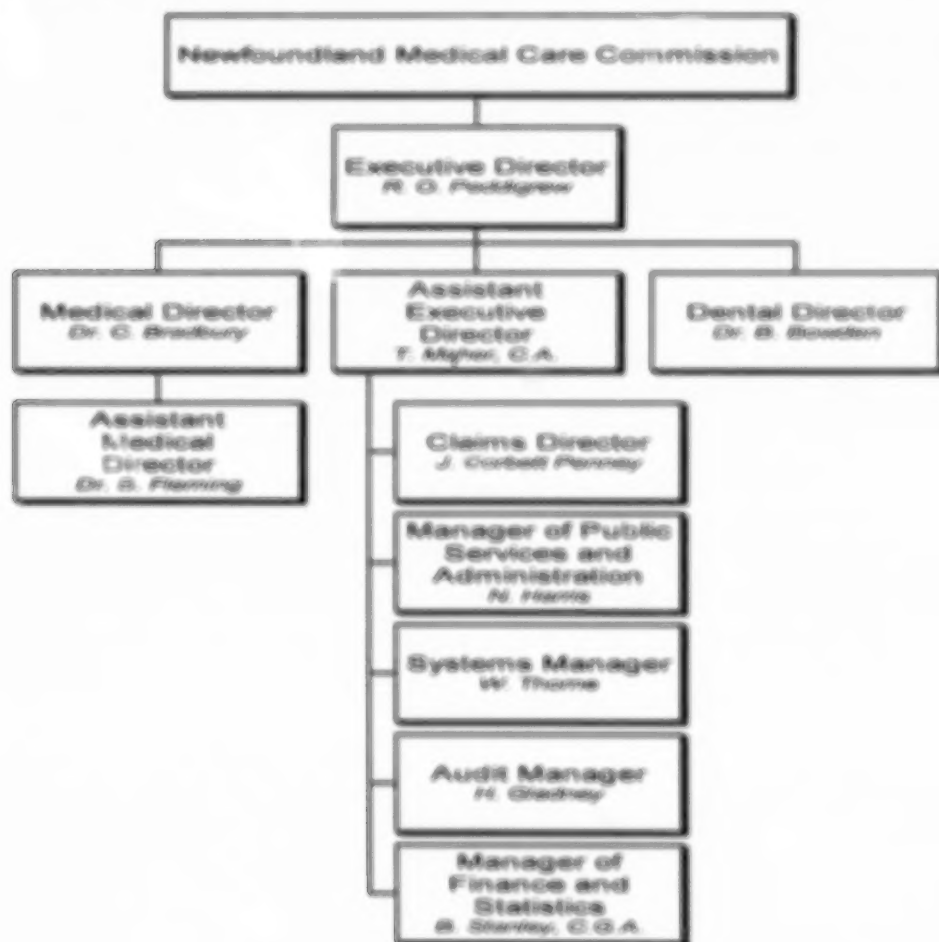
The **Systems Department** is responsible for the development, implementation, security, and maintenance of the Commission's computer systems. Other responsibilities include the acquisition, support and maintenance of hardware and software, and provision of technical support for physicians and dentists who use the TeleClaim and TeleDent software.

The **Audit Department** is responsible for the post-payment audit of claims through ongoing review of servicing and utilization patterns. This is accomplished by analysis of provider and beneficiary profiles, randomly selected service verification, review of specialized computer reports targeting possible problem areas, and follow-up of information presented or obtained from a variety of other sources.

The **Public Services and Administration Department** is responsible for beneficiary registration services and provides information and direction on all matters pertaining to eligibility and coverage. This Department is also responsible for human resources, purchasing, and general administrative services.

The **Finance and Statistics Department** is responsible for making all payments for the Commission, maintaining all accounting records, issuing monthly financial statements, and preparing and monitoring the annual budget. It is also responsible for compiling, interpreting and reporting statistical data, including the statistical tables presented in this Annual Report.

Organization Chart



Committees

A number of the Commission's functions are administered by the following standing committees:

Executive Committee

This committee consists of senior staff members of the Commission including the Executive Director, the Assistant Executive Director, the Medical Director, and the Dental Director. The committee's major functions include policy development and implementation, strategic and operational planning, development of management practices, and general management of the Commission's operations.

Budget Finance Committee

The primary function of this committee is to prepare and present detailed estimates of revenue and expenditure for all Commission operations. Other responsibilities include monitoring cash flow and review of the report and recommendations of the Auditor General. Members of this committee include the Chairman, the Executive Director, the Assistant Executive Director, the Manager of Finance and Statistics, and one other Commission Board Member.

Medical Consultants' Committee

The primary objective of this committee is to review the patterns of practice and billing procedures of physicians and the utilization of services by beneficiaries, and to advise the Commission on appropriate courses of action in each audit case. The committee is comprised primarily of physicians, five of whom are nominated by the NLMA.

Joint Liaison Committee

With equal representation from both the NLMA and the Commission, the mandate of this committee is to address and resolve general operational and policy issues which are of concern to either or both organizations.

Medical Advisory Committee

This committee is comprised of five senior practicing physicians, nominated by the NLMA and selected by the Commission, from a broad variety of specialties. The Committee deals with complex or contentious claims and hears appeals from individual physicians on claim assessment decisions made by the Commission. The Commission's Medical Director participates in a non-voting role, and other Commission staff may attend to provide pertinent background information. The Medical Advisory Committee's assessment of complex claims has proven to be an acceptable method of resolution for both the NLMA and the Commission.

Dental Monitoring Committee

This committee assesses complex or contentious claims, reviews practice profiles, and deals with other issues which affect the Dental Health Plan and the Surgical Dental Program. The committee is appointed by the Commission and consists of four members, two of whom are nominated by the Newfoundland Dental Association. Appointments to the committee are for a period of three years. The chairperson of the committee is named by the Commission from the committee members and has regularly been the Commission's Dental Director.

Negotiating Committee

The mandate of this committee is to review and negotiate fees, funding allocations, preamble language and other conditions affecting payment of claims with the NLMA. Commission members on this committee comprise the Chairman, the Executive Director, the Assistant Executive Director, the Medical Director, and the Assistant Medical Director.

Profile of the Medical Care Plan

MCP provides coverage to bona fide residents of the Province for medical care and certain surgical-dental procedures performed in hospital.

Providers who treat beneficiaries may submit claims directly to the Commission for insured services rendered. Such claims must be in accordance with a published schedule of fees and will be processed by the Commission against established claim assessment rules.

The *Medical Care Insurance Insured Services Regulations* stipulate the general categories of medical services insured under the Plan. These include:

- visits to a physician's office, hospital or beneficiary's residence
- surgical, diagnostic and therapeutic procedures, including anaesthesia
- pre- and post-operative care
- complete maternity care
- radiology interpretive services
- certain medically required surgical-dental procedures performed in hospital by a dentist or oral surgeon

The specific procedures and services insured under the Medical Care Plan are listed in Schedule A (Medical Payment Schedule) and Schedule B (Surgical-Dental Payment Schedule) of the *Medical Care Insurance Physicians and Fees Regulations*.

The *Medical Care Insurance Insured Services Regulations* also list specific services which are not insured under the Plan. These include:

- physician advice given by telephone
- drugs and vaccines
- provision of medical appliances
- writing of prescriptions
- preparation of records, reports or certificates
- services available under other provincial or federal legislation
- physician travel time and expenses
- ambulance services or other transportation
- acupuncture and subsequent related services
- examinations not medically necessary or if required by third parties (e.g. annual check-up, employment, pre-school or drivers' medicals, etc.)
- surgery for cosmetic purposes
- physician testimony given in a court
- eye examinations for corrective lenses
- routine, in-hospital, dental extractions
- the difference between general practice and specialist rates for non-referred patients
- services provided by chiropractors, optometrists, podiatrists, naturopaths, osteopaths, physiotherapists, nurses or other paramedical personnel
- newborn circumcisions
- hypnotherapy
- consultations required due to hospital policy
- alcohol/drug treatment outside Canada
- therapeutic abortions performed at a non-approved facility
- sex change surgery, unless recommended by the Clarke Institute of Psychiatry
- in-vitro fertilization and ovarian stimulation and sperm transfer
- reversal of a previous sterilization procedure

(This list has been compiled for information purposes only and may vary from the official list of uninsured services as presented in the Commission's *Insured Services Regulations*).

Profile of the Dental Health Plan Memorandum of Understanding

The Dental Health Plan comprises a children's dental component and a social assistance component. The children's dental program covers the following basic dental services for all children, up to and including age twelve:

- examinations (at six month intervals)
- cleanings (at 12 month intervals)
- fluoride applications (ages six to 12 at 12 month intervals), except in areas where the School Rinse Program is in place
- x-rays (with some limitations)
- fillings and extractions
- other specific procedures which require approval before treatment

These basic services are also available under the social assistance component to recipients of social assistance who are 13 to 17 years of age. Adult recipients of social assistance are eligible for emergency care and extractions only.

In the changing environment of medical treatment, there are specific occasions where dental procedures are essential to the success of medical procedures (e.g., cancer treatment, organ transplants, and drug therapies). In selective instances of severely compromised medical treatment, the Dental Health Plan may be required to provide necessary dental procedures. Coverage in these instances will be determined on a case by case basis.

Each beneficiary covered by the Dental Health Plan must pay a variable amount directly to the dentist for each service provided (e.g. fillings, extractions, etc.). Where a beneficiary is in receipt of social assistance, this co-payment fee is paid by the Dental Health Plan under the social assistance component.

In October 1998, a Memorandum of Understanding (MOU) for physician compensation was signed between the NLMA, Government, and the Newfoundland and Labrador Health Care Association (NLHCA). The four-and-a half year agreement covers the period April 1, 1998 to September 30, 2002.

The MOU provides for annual increases for both the fee-for-service and salaried physicians' budgets. In addition, a budget adjustment process has been developed to provide for responsiveness in an evolving health care system. The process allows for budget adjustments based on:

- changes in demographics;
- changes in physician resources;
- introduction of new technologies or treatment modes;
- redistribution of savings realized from new initiatives; and
- transfers of physicians between fee-for-service and salaried positions.

Other provisions contained in the MOU include:

- a process for recovering deficits in the fee-for-service budget;
- a process for introducing physician resource management strategies;
- a dispute resolution process;
- the establishment of a Tripartite Liaison Committee to provide a forum for discussion of issues related to delivery of medical services; and
- the pursuit of alternative delivery models.

Review of Operations

During 1998/99, the Commission's operations were guided by its Operational Plan. This Plan required Executive and departmental managers to structure activities to meet identified objectives. This section highlights the major achievements and activities on which the Commission's resources were focused, in accordance with its Operational Plan.

Executive Affairs

The Executive staff of the Commission managed the implementation of the Operational Plan, ensuring continued progress towards identified goals and objectives.

Executive initiatives included the development and implementation of an Automated Management Information System which allows access to various pieces of organizational and operational information through the local area network.

As well, the Commission submitted a proposal for amendments to its governing legislation, the *Medical Care Insurance Act*. Draft amendments were prepared and submitted to the Minister of Health and Community Services with suggestions for improving Commission operations and procedures that are limited by the current legislation.

One of the more significant objectives completed at the Executive level was participation in a review of the Commission's organizational structure and reporting relationship with the Department of Health and Community Services. The Department's report in this regard was submitted to the Deputy Minister in February 1999.

Medical Affairs

During 1998/99, Medical Affairs activity focused on the implementation of the Memorandum of Understanding that was signed with the NLMA in October 1998. Following the signing of the MOU, work was initiated to amend the MCP Payment Schedule to incorporate negotiated changes. At the end of the fiscal year, changes specific to general practice had been implemented. These changes included increases in the fees for selected services, new payments for coverage of Category B emergency departments, an alternate method of billing for surgical assists, and the introduction of

a per diem fee for long-term care facility coverage. Work continues on the micro-allocation of increases for specialties other than general practice and on a variety of alternate funding arrangements.

Dental Affairs

The Operational Plan objectives identified for the Dental Affairs area in 1998/99 largely concerned the harmonization of the Commission's electronic claim submission software, TeleClaim, with the Canadian Dental Association's software, CDANet. Negotiations proceeded with the Association and work began to implement the revised system which will eventually allow Newfoundland dentists to use TeleClaim within CDANet to submit claims to the Commission under the Dental Health Plan.

Other work in the Dental Affairs area concerned the review and revision of the Surgical Dental Payment Schedule. Changes to the Schedule were recommended to the Newfoundland Dental Association and new assessment rules and fee codes were developed.

Claims Operations

The Commission processed and paid for 4,390,924 items of service on behalf of beneficiaries. Approximately 96% of all medical claims were submitted through electronic media, as opposed to paper claims. A paper claim processing charge of 25¢ per claim item continues to be applied to the remaining 4% of claims to offset the additional cost of key entry and other overheads.

Officials of the Claims Operations Department conducted tutorials for physicians and their office staff on billing practices, claims submission, and claims processing, at sites across the province.

Internally, Departmental staff were cross-trained in a number of claims areas to improve resources available to meet claim assessment needs. Personal

computers were obtained for all Department staff to facilitate processing and assessment of claims and to strengthen employee communication and technical skills.

Revisions to the MCP Payment Schedule, as negotiated under the MOU, were published and distributed to physicians. Effecting these revisions required the development and testing of new assessment rules, fee codes and tables in advance of the publishing date.

Systems Department

Following comprehensive review and testing of all computer software and programs, the Commission is confident that it has achieved Year 2000 compliance for its microcomputer applications and for all mainframe functions. The Commission's mainframe computing contractor, *xwave solutions*, dedicated resources during 1998/99 to correct any two-digit date deficiencies in Commission mainframe computer applications.

The Commission developed its own Internet site to improve information distribution to the public and to providers. Hosted on the Government's server, the Commission's site provides a wealth of information on its programs, rules, and procedures, and allows various forms and reports to be viewed and printed directly from the site. The Commission's site can be viewed on the World Wide Web at <http://www.gov.nf.ca/mcp>.

A major project initiated by the Systems Department during 1998/99 was the automation of the turnaround documents (TAD's) and other correspondence which flows back and forth between the Commission and providers. Enabling the electronic submission of sessional claims also became a part of the automated TAD project, thus enhancing the scope and extending the expected completion date of the automation project into late-1999.

With the Commission's reliance on electronic claim submission and the continually changing face of technology, a large effort was made during 1998/99 to upgrade the claims communication software to a Microsoft Windows based version.

Other computer hardware and software enhancements made during the fiscal year included adding a server which supports the MCP Telephone Transmission System to a Windows NT environment, installing computers in the Claims Operations Department, obtaining a replacement server for the local area network, and upgrading the network operating system. To improve communications, the Microsoft Mail system was replaced with the Government standard GroupWise mail system, which also provides group scheduling features.

Public Services and Administration

During 1998/99, the Commission processed 120,013 beneficiary registration transactions, an 82% increase from the previous year. This increase can be attributed to the Commission's efforts to update beneficiary address information. A total of 28,134 new and replacement MCP cards were issued.

The Commission amended its earlier submission for revisions to the *Medical Care Insurance Beneficiary and Inquiries Regulations*, following consultations with officials at the Department of Health and Community Services. These revisions will clarify the categories of residents who are eligible for coverage and improve the administrative rules regarding medical coverage, both inside and outside the province. A new submission will be made in early 1999/00.

In an effort to improve the quality of service which is provided to MCP registrants, the public services areas of the Commission's premises were renovated and expanded. More counter space was added to provide for multiple customer service windows. Handicap accessibility features and private interview space were also added.

To gauge the quality of service offered to the public, the Commission conducted a customer satisfaction survey in the Public Services Division. The results were very encouraging, indicating a satisfaction rating of greater than 90%.

To improve security in the Commission's offices, the burglar alarm system was upgraded and photo identification cards were issued to all staff.

Finance and Statistics

To improve Commission accounting controls and systems, a fixed assets database was developed in 1998/99 which accounts for all Commission assets.

With respect to payments to providers, a net deficit of \$1,464,712 was incurred in the fee-for-service, sessional, CMPA, and incentive budgets. In accordance with the provisions of the MOU, an agreement to eliminate this deficit is expected to be reached in 1999/00. Individual physician incomes that exceeded established thresholds were subjected to proration in accordance with a separate proration formula.

Audit

At March 31, 1999, there were 35 provider audits in progress, while an additional four cases involving recovery of funds, as recommended by the Medical Consultants' Committee, were completed. The total amount recommended by the Committee for recovery in those cases was \$125,000. A total of 177 beneficiary audits were conducted during 1998/99. At year end, 83 of these audits were closed, with the remaining 94 at varying stages of completion.

The Audit Department also implemented new audit procedures and expanded the use of computerized audit techniques in completion of its mandate. A database of past provider audits was developed with implementation expected in mid-1999/00.

Audited Financial Statements

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The Commission conducts its financial affairs in accordance with generally accepted accounting principles. Commission management is responsible for the integrity of the financial statements and has established systems of internal control to provide reasonable assurance that assets are properly accounted for and safeguarded from loss. The Commission's Board has established a Budget Finance Committee to develop estimates of revenue and expenditure for all Commission operations and to monitor cash flow throughout the year. Each year, the Province's Auditor General performs an independent examination of the financial statements of the Commission and her report for fiscal year 1998/99 follows. The Auditor General has full and unrestricted access to the Commission's records.

AUDITOR'S REPORT



OFFICE OF THE AUDITOR GENERAL
St. John's, Newfoundland

AUDITOR'S REPORT

To the Members of the
Newfoundland Medical Care Commission
St. John's, Newfoundland

I have audited the balance sheet of the Newfoundland Medical Care Commission as at 31 March 1999 and the statement of revenue and expenditure for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at 31 March 1999 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

Elizabeth Marshall

ELIZABETH MARSHALL, C.A.
Auditor General

St. John's, Newfoundland
25 June 1999

31 MARCH 1999

See accompanying notes

R. J. Jeddian
Executive Director

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1999

	<u>1999</u>	<u>1998</u>
REVENUE		
Province of Newfoundland	\$170,409,464	\$162,997,708
Interest income	263,172	203,328
Audit recoveries	120,770	39,623
Miscellaneous	<u>69,866</u>	<u>107,877</u>
	<u>\$170,863,272</u>	<u>\$163,348,536</u>
EXPENDITURE		
Administrative expenditure (Schedule 1)	\$ 4,312,128	\$ 4,214,211
Dental Health Plan	5,467,808	5,234,975
Insured services (Note 5)	124,952,391	119,463,703
Medical malpractice premium subsidy	1,894,434	965,904
Salaried physicians	<u>34,236,511</u>	<u>33,469,743</u>
	<u>\$170,863,272</u>	<u>\$163,348,536</u>

See accompanying notes

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

SCHEDULE OF ADMINISTRATIVE EXPENDITURE

FOR THE YEAR ENDED 31 MARCH 1999

	<u>1999</u>	<u>1998</u>
Audit fees	\$ 9,000	\$ 9,000
Bad debts	70,145	-
Cleaning	5,235	4,793
Commission fees	2,545	16,875
Computer costs (Note 6)	841,467	853,678
Consultant fees	99,942	152,909
Electricity	5,793	6,586
Furniture and equipment	150,520	61,708
Furniture and equipment maintenance	29,031	22,474
Interest and bank charges	6,020	6,014
Leasehold improvements	45,015	15,743
Microfilming	732	708
Miscellaneous	38,762	29,737
Office rental	270,900	288,515
Office supplies	49,037	60,153
Payroll tax	41,281	42,101
Postage and telephone	126,760	124,673
Salaries and benefits	2,492,312	2,492,709
Travel	<u>27,631</u>	<u>25,835</u>
	<u>\$4,312,128</u>	<u>\$4,214,211</u>

See accompanying notes

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1999

Authority

The Newfoundland Medical Care Commission (the Commission) operates under the authority of the Medical Care Insurance Act. It is responsible for the administration of medical and dental care insurance programs on behalf of the residents of Newfoundland and Labrador. Commission members are appointed by the Lieutenant-Governor in Council.

1. Significant accounting policies

These financial statements have been prepared by the Commission in accordance with generally accepted accounting principles. Outlined below are the significant accounting policies followed.

(a) Capital assets

Capital assets are capitalized at cost at the time of acquisition and expensed in the year of acquisition.

(b) Severance pay

Severance pay is calculated based upon years of service and current salary levels. The entitlement to severance pay vests with employees after nine years of continuous service, and accordingly no provision has been made in the accounts for employees with less than nine years of continuous service. If the employee transfers to another entity within the public service, then the liability is transferred to that entity.

2. Due from Province of Newfoundland

In accordance with Section 27 of the Medical Care Insurance Act, the Province of Newfoundland is responsible for funding the expenditures incurred by the Commission in carrying out its powers, functions and duties. Accordingly, the amount due from the Province represents the balance of funds owing by the Province to the Commission at 31 March.

3. Capital assets

	<u>1999</u>	<u>1998</u>
Furniture and equipment	\$1,102,106	\$ 1,364,015
Less: expensed in year of acquisition	<u>1,102,106</u>	<u>1,364,015</u>
	\$ _____	\$ _____

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1999

4. Bank indebtedness

The Commission has an operating line of credit of \$2,000,000 which was authorized by the Province. There was no balance outstanding for either the current or prior year.

5. Insured services

	<u>1999</u>	<u>1998</u>
Fee for Service - Physicians	\$113,403,478	\$109,630,245
Fee for Service - Out-of-Province	4,636,581	4,454,793
Incentive Fund	345,303	343,391
Sessional	6,178,685	4,704,403
Surgical Dental	<u>388,344</u>	<u>330,871</u>
	<u>\$124,952,391</u>	<u>\$119,463,703</u>

In accordance with Government's policy on fiscal restraint, the Commission has a global capping mechanism in place to ensure that expenditures for insured services do not exceed the fixed budget. This mechanism was not required to be used in the current or previous year.

In addition, in both 1998-99 and 1997-98, reductions were made in payments to certain physicians who exceeded stipulated levels based on a separate proration formula developed in conjunction with the Newfoundland and Labrador Medical Association.

6. Computer costs

	<u>1999</u>	<u>1998</u>
Claims Processing	\$425,213	\$446,363
Facilities Management	235,215	348,256
Equipment Maintenance	4,820	3,656
Development/Enhancements	<u>176,219</u>	<u>55,403</u>
	<u>\$841,467</u>	<u>\$853,678</u>

Office of the Auditor General

NEWFOUNDLAND MEDICAL CARE COMMISSION

NOTES TO FINANCIAL STATEMENTS

31 MARCH 1999

7. Pensions

The Commission and its staff are subject to the Public Service Pensions Act, 1991. Employee contributions are matched by the Commission and then remitted to the Province of Newfoundland Pooled Pension Fund from which pensions will be paid to employees when they retire. The Commission's share of pension contributions for 1999 was \$119,800 (1998 - \$112,419).

8. Economic dependence

As a result of the Commission's reliance on Provincial funding, the Commission's ability to continue viable operations is dependent upon the decisions of the Province.

9. Subsequent events

As a result of a reorganization of the Department of Health and Community Services, it was announced in April 1999 that the operations of the Newfoundland Medical Care Commission will be integrated with those of the Department of Health and Community Services. Pending a change in legislation, the integration and winding up of the Commission as a Crown Corporation is anticipated to be completed in fiscal year 1999/2000.

10. Uncertainty due to Year 2000 Issue

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 1999 to represent something other than a date. The effects of the Year 2000 Issue may be experienced before, on, or after 1 January 2000, and, if not addressed, the impact on operations and financial reporting may range from minor errors to significant systems failure which could affect an entity's ability to conduct normal business operations. It is not possible to be certain that all aspects of the Year 2000 Issue affecting the entity, including those related to the efforts of suppliers or other third parties, will be fully resolved.

11. Income taxes

The Commission is a Crown entity of the Province of Newfoundland and as such is not subject to Provincial or Federal income taxes.

Office of the Auditor General

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Payments By Type And Specialty 1998/99

Specialty	Number Of Providers*	Fee-For-Service Payments (\$000)	Salaries Payments (\$000)	Provision Reductions (\$000)	Total (\$000)	% of Payments
General Practice	458	41,823	5,615	(19)	46,517	27.5
Accident & Emergency	39	6,447	320	-	6,968	5.6
Radiology	48	11,236	-	(4)	11,232	6.5
Medical Specialties						
- Dermatology	6	1,556	-	-	1,556	1.2
- Internal Medicine	70	14,253	213	(117)	14,649	11.8
- Neurology	8	983	11	-	994	0.8
- Paediatrics	28	3,323	409	-	3,732	3.0
- Psychiatry	30	5,266	-	-	5,266	4.3
Total Medical Specialties	104	25,483	633	(117)	26,219	21.2
Surgical Specialties						
- Obstetrics/Gynaecology	25	5,207	-	(16)	5,191	4.2
- Ophthalmology	13	4,345	-	(68)	4,278	3.5
- Otolaryngology	12	3,974	19	(83)	3,910	3.2
- General Surgery	37	7,568	107	(26)	7,637	6.1
- Neurosurgery	3	942	1	-	943	0.8
- Orthopaedics	17	3,378	29	-	3,417	2.8
- Plastic	4	612	1	-	613	0.5
Urology	7	2,617	8	-	2,625	1.9
Total Surgical Specialties	120	28,334	175	(205)	28,304	22.8
Sub-Totals	823	115,543	6,444	(345)	119,268	96.2
Residual Surgery	30	274	11	-	285	0.3
Out of Province	-	4,211	-	-	4,211	3.5
TOTAL 1998/99	853	117,848	6,455	(345)	123,858	100.0

* Ad fee for service providers who received an MCP payment during the fiscal year.

Totals include trauma, on-site emergency and in-hospital diagnostic services coverage.

Average Annual Fee-For-Service Payments **1998/99**

Specialty	Full Time ¹		Active ²		All Providers ³	
	Number of Providers	Average Payments (\$000)	Number of Providers	Average Payments (\$000)	Number of Providers	Average Payments (\$000)
General Practice						
St. John's	101	154	139	124	217	83
Eastern	63	176	75	155	94	128
Central	36	168	43	151	70	98
Western	36	184	42	172	57	131
Northern	9	208	12	160	20	102
Total General Practice	245	168	311	143	458	101
Anaesthesia	28	215	34	195	39	178
Radiology	38	287	42	264	46	243
Medical Specialties						
Dermatology	5	308	5	308	6	258
Internal Medicine	57	242	66	221	76	193
Neurology	5	180	6	160	9	110
Paediatrics	17	168	30	118	38	98
Psychiatry	25	199	27	189	30	176
Total Medical Specialties	109	221	134	191	159	165
Surgical Specialties						
Obstetrics/Gynaecology	17	270	20	242	25	207
Ophthalmology	12	347	13	325	15	278
Otolaryngology	9	428	10	389	12	326
Surgery	25	279	32	234	37	206
- General	3	313	3	313	3	313
- Neuro	15	225	16	213	17	200
- Orthopaedic	2	305	2	305	4	153
- Plastic	7	344	7	344	7	344
Urology	90	299	103	270	120	235
Total Surgical Specialties	265	256	313	225	364	200
All Specialties	510	214	624	179	822	145

1. All fee-for-service providers who received a minimum of 22 regular bi-weekly payments totalling more than \$75,000. A regular bi-weekly payment is one which is greater than half of the average bi-weekly payment for the fiscal year.
2. All fee-for-service providers who received a minimum of \$5,000 in the fourth quarter.
3. All fee-for-service providers who received a fee-for-service payment from MCP during the year.

Above figures denote levels of providers' MCP income minus proration reductions and before payment of office and other overhead expenses. Annual income figures for 1998/99 include payments made to physicians for sessional arrangements. This should be taken into account when comparing to prior years' figures.

TABLE 3

Units Of Services By Specialty And Type 1998/99

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic & Therapeutic Procedures	Obstetrics	General Surgery *	Dental Surgery *	Totals	% Of Totals
General Practice	93,940	1,785,571	146,833	254,420	127,846	5,449	57,203	-	2,471,262	50.2
Anaesthesia	-	-	1	6,027	93,459	25,518	204,440	7,402	336,847	6.8
Radiology	-	-	-	-	638,267	150	31	-	638,448	13.0
Medical Specialties										
Dermatology	21,797	1,993	13	6,361	14,641	-	7,053	-	51,858	1.1
Internal Medicine	33,143	7,318	118	182,608	219,702	-	27,564	-	470,453	9.6
Neurology	808	-	1	14,790	8,127	-	34	-	23,760	0.5
Paediatrics	9,658	1,636	803	39,118	133,902	-	1,354	-	186,471	3.8
Psychiatry	21,359	31,463	1,319	86,986	2,042	-	-	-	143,169	2.8
Total Medical Specialties	86,765	42,410	2,254	329,863	378,414	-	36,005	-	875,711	17.8
Surgical Specialties										
Obstetrics/Gynaecology	31,783	21,190	3	15,072	8,631	8,560	24,235	-	109,474	2.2
Ophthalmology	35,508	2,067	5	14,023	14,833	-	9,952	-	76,388	1.6
Otolaryngology	31,111	12,158	4	12,600	45,360	-	41,132	-	142,365	2.9
Surgery - General	15,072	3,488	53	65,761	4,098	-	48,264	-	136,736	2.8
- Neuro	763	2	-	7,670	9	-	1,502	-	9,946	0.2
- Orthopaedic	10,769	1,816	33	39,813	3,633	-	8,315	-	64,379	1.3
- Plastic	41	-	-	6,501	313	-	2,983	-	9,838	0.2
- Dental	-	-	-	-	-	-	-	2,354	2,354	0.0
Urology	7,994	1,352	-	21,918	1,924	-	13,851	-	47,039	1.0
Total Surgical Specialties	133,041	42,073	98	183,358	78,801	8,560	150,234	2,354	598,519	12.2
TOTALS	313,746	1,870,054	149,186	773,668	1,316,787	39,677	447,913	9,756	4,920,787	100.0
% Of Totals	6.4	38.0	3.0	15.7	26.8	0.8	9.1	0.2	100.0	

* Includes time units for anaesthetists and surgical assistants.

TABLE 4

Level Of Annual Payments To Full-Time Fee-For-Service Physicians 1998/99

Specialty	Up To \$100,000	\$100,001 - 200,000	\$200,001 - 300,000	\$300,001 - 400,000	\$400,001 - 500,000	Over \$500,000	Totals
General Practice	25	152	62	6	-	-	245
Anaesthesia	-	12	14	2	-	-	28
Radiology	1	1	20	9	7	-	38
Medical Specialties	-	-	-	-	-	-	-
Dermatology	3	18	22	8	6	-	57
Internal Medicine	-	4	1	-	-	-	5
Neurology	4	7	5	-	1	-	17
Paediatrics	2	12	8	3	-	-	25
Psychiatry	9	41	38	14	7	-	109
Total Medical Specialties							
Surgical Specialties	-	-	-	-	-	-	-
Obstetrics/Gynaecology	1	1	7	4	2	-	17
Ophthalmology	-	-	-	4	5	-	12
Otolaryngology	1	6	10	3	6	-	25
Surgery	-	-	-	5	2	1	8
- General	-	-	-	2	-	-	2
- Neuro	-	5	9	1	-	-	15
- Orthopaedic	-	-	1	1	-	-	2
- Plastic	-	-	1	6	-	-	7
Urology	2	16	30	26	15	1	90
Total Surgical Specialties							
TOTALS	37	222	164	57	29	1	510
% Of Totals	7.3	43.5	32.2	11.2	5.6	0.2	100.0

Above figures denote levels of providers' MCP income, minus proration reductions, and before payment of office and other overhead expenses.

Annual income figures for 1998/99 include payments made to physicians for sessional arrangements. This should be taken into account when comparing to prior years' figures.

TABLE 5

Providers By Medical Region Registered With MCP As At March 31, 1999 **1998/99**

Region	General Practice			Specialists			Total Physicians	Dentists
	Fee-For-Service	Salaried	Full-Time Teaching	Fee-For-Service	Salaried	Full-Time Teaching		
St. John's	136	12	16	169	40	78	463	78
Avalon	12	6	-	-	-	-	18	2
Trinity/Conception	30	4	2	7	7	-	50	10
Burin	13	10	-	4	12	-	39	4
Clarenville	18	9	-	3	13	-	43	3
Gander & District	13	18	-	13	15	-	60	8
Central Newfoundland	22	12	-	21	11	1	69	10
Western Newfoundland	30	14	-	23	10	1	78	16
Stephenville	8	6	-	2	3	-	19	4
Port Aux Basques	2	4	-	-	-	-	6	1
St. Anthony/Goose Bay	8	31	-	2	19	-	60	26
Port Saunders	1	3	-	-	1	-	5	-
Baie Verte	5	-	-	-	1	-	6	2
Green Bay	5	-	-	-	-	-	5	1
Noire Dame Bay	1	6	-	1	-	1	9	1
Labrador City/Wabush	5	-	-	2	2	-	9	4
Buchans	-	1	-	1	-	-	2	-
Other	-	-	-	4	-	-	4	-
TOTALS	309	136	18	252	134	80	945	170

TABLE 6

Providers By Activity Status As At March 31, 1999 1998/99

Specialty	Fee-For-Service	Salaried	Full-Time Teaching	Administration	Totals
General Practice	309	136	18	13	476
Anaesthesia	27	16	8	-	51
Radiology	40	3	1	-	44
Radiation Oncology	-	1	-	-	1
Medical Specialties					
Dermatology	7	1	-	-	8
Internal Medicine	47	24	29	-	100
Neurology	3	1	4	-	8
Paediatrics	15	15	16	-	46
Pathology	-	29	-	-	29
Psychiatry	23	13	7	2	45
Total Medical Specialties	95	83	56	2	236
Surgical Specialties					
Obstetrics/Gynaecology	14	10	7	-	31
Ophthalmology	13	2	-	-	15
Otolaryngology	11	1	-	-	12
Surgery	27	15	7	1	50
- General	2	-	-	-	2
- Neuro	15	3	-	-	18
- Orthopaedic	2	-	-	-	2
- Plastic	6	-	1	-	7
Urology	90	31	15	1	137
Total Surgical Specialties	90	31	15	1	137
TOTALS	561	270	98	16	945
Dentists					
General Dentistry	143	12	-	1	156
Oral Surgery	5	-	-	-	5
Orthodontics	6	-	-	-	6
Periodontics	2	-	-	-	2
Pedodontics	1	-	-	-	1
Total Dentists	157	12	-	1	170

TABLE 7

Services And Payments By Sex And Age Group 1998/99

Age Groups	Male				Female				Totals			
	Services (000)	%	Payments (\$000)	Patients (000)	Services (000)	%	Payments (\$000)	Patients (000)	Services (000)	%	Payments (\$000)	Patients (000)
0 - 4	90	5.3	2,219	4.6	11	5.6	1,764	2.7	10	4.2	3,983	3.5
5 - 9	84	4.9	1,990	4.1	13	6.6	1,746	2.7	12	5.1	3,736	3.3
10 - 14	73	4.3	1,755	3.6	13	6.6	1,621	2.5	13	5.5	3,376	3.0
15 - 19	74	4.4	1,827	3.8	15	7.6	2,649	4.1	17	7.2	4,476	4.0
20 - 24	61	3.6	1,547	3.2	13	6.6	3,451	5.3	17	7.2	4,998	4.3
25 - 29	58	3.4	1,450	3.0	11	5.5	4,071	6.3	16	6.8	5,521	4.9
30 - 34	76	4.5	1,900	3.9	13	6.6	5,065	7.8	19	8.1	6,965	6.1
35 - 39	98	5.8	2,513	5.2	15	7.5	4,934	7.6	20	8.5	7,447	6.6
40 - 44	118	7.0	3,139	6.5	16	8.1	5,027	7.7	20	8.5	8,166	7.2
45 - 49	137	8.1	3,768	7.8	16	8.1	5,429	8.3	19	8.1	9,197	8.1
50 - 54	140	8.3	4,012	8.4	15	7.6	5,251	8.1	17	7.2	9,263	8.2
55 - 59	124	7.3	3,768	7.8	11	5.6	4,202	6.5	12	5.1	7,970	7.0
60 - 64	120	7.1	3,683	7.7	9	4.5	3,633	5.6	10	4.2	7,316	6.5
65 - 69	123	7.2	4,059	8.4	8	4.0	3,702	5.7	9	3.7	7,761	6.9
70 - 74	113	6.7	3,738	7.8	7	3.5	3,716	5.7	8	3.4	7,454	6.6
75 - 79	99	5.8	3,255	6.8	6	3.0	3,602	5.5	7	3.0	6,857	6.1
80 - 84	65	3.8	2,142	4.5	4	2.0	2,681	4.1	5	2.1	4,823	4.3
85 +	43	2.5	1,373	2.9	2	1.0	2,479	3.8	5	2.1	3,852	3.4
TOTALS	1,696		48,138		198		65,023		2,472		113,161	
				236				434				
% Of Totals	40.7		42.5		45.6		57.5		59.3		54.4	

This table reflects fee-for-service payments and services only.

TABLE 8

Population, Payment And Service Statistics 1998/99

Age Groups	Population* (000)	Payments		Services		Percentages		
		Amount (\$000)	Average Per Capita (\$)	Number (000)	Average Per Capita	Population	Payments	Services
0 - 4	27.9	3,983	143	167	6.0	5.1	3.5	4.0
5 - 9	33.9	3,736	110	161	4.7	6.2	3.3	3.9
10 - 14	38.9	3,376	87	144	3.7	7.1	3.0	3.5
15 - 19	42.1	4,476	106	183	4.3	7.8	4.0	4.4
20 - 24	40.3	4,998	124	202	5.0	7.4	4.4	4.8
25 - 29	38.7	5,521	143	214	5.5	7.1	4.9	5.1
30 - 34	42.5	6,965	164	266	6.3	7.8	6.2	6.4
35 - 39	45.8	7,447	163	293	6.4	8.4	6.6	7.0
40 - 44	45.8	8,166	178	317	6.9	8.4	7.2	7.6
45 - 49	43.0	9,197	214	350	8.1	7.9	8.1	8.4
50 - 54	36.2	9,263	256	345	9.5	6.7	8.2	8.3
55 - 59	26.0	7,970	307	283	10.9	4.8	7.0	6.8
60 - 64	21.2	7,316	345	254	12.0	3.9	6.4	6.1
65 - 69	19.1	7,761	406	252	13.2	3.5	6.9	6.1
70 - 74	15.9	7,454	469	239	15.0	2.9	6.6	5.7
75 - 79	13.0	6,857	527	217	16.7	2.4	6.0	5.2
80 - 84	8.1	4,823	595	154	19.0	1.5	4.3	3.7
85 +	6.0	3,852	642	127	21.2	1.1	3.4	3.0
TOTALS	544.4	113,161	208	4,168	7.7	100.0	100.0	100.0

* Source: Newfoundland Statistics Agency

This table reflects fee-for-service payments and services relative to age groups. Services rendered by salaried physicians are excluded in the per capita analysis.

TABLE 9

Patient Utilization Levels

1998/99

		Number of Physicians Seen								Totals	% of Totals
		1	2	3	4-6	7-10	11-14	15+			
1-3	Patients Services	110,665 208,957	65,165 210,608	25,295 103,414	6,498 30,397	- -	- -	- -	207,623 553,376	47.8	
4-10	Patients Services	9,019 65,806	23,191 171,677	28,768 218,276	36,280 293,108	1,032 9,611	- -	- -	98,290 758,478	22.6	
11-15	Patients Services	1,908 23,883	5,406 67,625	9,504 119,305	28,562 364,642	5,953 79,317	30 434	- -	51,363 655,206	11.8	
16-20	Patients Services	507 8,881	1,606 28,160	3,039 53,361	14,987 265,226	8,188 147,310	296 5,485	1 19	28,624 508,442	6.6	
21-25	Patients Services	176 4,013	507 11,453	1,040 23,489	6,892 156,394	7,095 162,583	861 19,995	15 356	16,586 378,283	3.8	
26-30	Patients Services	94 2,612	219 6,036	391 10,891	3,071 85,079	4,966 138,285	1,312 36,830	73 2,106	10,126 281,839	2.3	
31-35	Patients Services	41 1,351	101 3,306	202 6,647	1,435 46,903	3,072 100,601	1,458 48,054	169 5,622	6,478 212,484	1.5	
36-40	Patients Services	23 873	61 2,299	90 3,422	648 24,400	1,769 66,771	1,289 48,879	287 10,960	4,167 157,604	1.0	
41-45	Patients Services	32 1,368	56 2,409	59 2,539	343 14,685	996 42,645	1,013 43,465	397 17,162	2,896 124,273	0.7	
46-50	Patients Services	43 2,059	50 2,424	38 1,808	202 9,688	557 26,617	714 34,165	395 18,934	1,999 95,695	0.5	
50+	Patients Services	32 1,848	67 3,988	97 6,100	424 28,012	977 66,562	1,557 104,421	2,864 231,394	6,018 442,325	1.4	
TOTALS	Patients Services	122,540 321,651	96,429 509,985	68,523 549,252	99,342 1,318,534	34,605 840,302	8,530 341,728	4,201 286,553	434,170 4,168,005	100.0	

TABLE 9

Patient Utilization Levels 1998/99

Number of Physicians Seen

	1	2	3	4-6	7-10	11-14	15+	Totals	% of Totals
1-5	110,665 208,957	65,165 210,608	25,294 103,414	6,498 30,397	-	-	-	207,623 553,376	47.8
6-10	9,019 65,886	23,191 171,677	28,768 218,276	36,280 293,108	1,032 9,611	-	-	93,290 758,478	22.6
11-15	1,908 23,883	5,406 67,625	6,504 119,305	28,562 364,642	5,853 79,317	30 434	-	51,363 655,206	11.8
16-20	507 8,881	1,606 28,160	3,039 43,361	14,987 265,226	8,188 147,310	296 5,485	1 19	28,624 508,442	6.6
21-25	176 4,013	607 11,453	1,040 23,489	6,892 156,394	7,895 162,583	861 19,895	15 356	16,586 378,283	3.8
26-30	94 2,612	219 6,036	391 10,891	3,071 85,079	4,966 138,285	1,312 36,830	73 2,186	10,126 281,839	2.3
31-35	41 1,351	101 3,386	202 6,647	1,415 46,903	3,072 100,601	1,458 48,054	169 5,622	6,478 212,484	1.5
36-40	23 873	61 2,299	90 3,422	648 24,800	1,769 66,771	1,289 48,879	287 10,560	4,167 157,604	1.0
41-45	32 1,368	56 2,409	69 2,530	343 14,685	996 42,645	1,013 43,465	397 17,162	2,896 124,273	0.7
46-50	43 2,059	59 2,424	38 1,808	202 9,688	557 26,617	714 34,165	395 18,934	1,999 95,695	0.5
50+	32 1,803	67 3,938	97 6,169	424 28,012	977 66,562	1,557 104,421	2,864 231,394	6,018 402,325	1.4
	122,549 329,651	96,429 609,965	65,523 549,252	39,342 1,318,534	34,695 840,302	8,539 341,728	4,201 256,553	434,179 4,168,095	100.0

TABLE 9

TABLE 10

Payments To Salaried Physicians 1998/99

Board	Number Of Approved Positions	Total Payments (\$000)
Health Care Corporation of St. John's	65	4,879
Newfoundland Cancer Treatment and Research Foundation	9	1,210
Avalon Health Care Institutions Board	17	2,032
Peninsular Health Care Corporation	45	5,176
Central East Health Care Institutions Board	48	4,556
Central West Health Care Institutions Board	30	3,486
Western Health Care Corporation	63	6,365
Grenfell Regional Health Services Board	36	4,257
Health Labrador Corporation	20	3,068
TOTALS	333	35,029

TABLE 11

Dental Health Plan Summary Of Payments By Age Group 1998/99

Age	Examinations (\$000)	Fluoride Treatments (\$000)	Prophylaxis Treatments (\$000)	Fillings & Crowns (\$000)	Extractions (\$000)	Appliances (\$000)	X-rays (\$000)	Pulpotomies (\$000)	Other (\$000)	Totals (\$000)	Co-pay (\$000)
<1	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	1	-	-	1	2	-
2	5	-	-	1	-	-	-	-	-	6	-
3	27	-	5	14	5	-	-	1	-	53	1
4	62	-	23	44	6	-	-	3	-	141	3
5	90	-	45	123	10	-	3	12	-	286	5
6	162	2	59	143	15	-	6	14	-	365	6
7	117	24	79	186	21	-	10	17	-	468	6
8	128	32	89	236	29	-	14	17	1	554	8
9	136	35	97	248	34	-	18	13	1	589	7
10	126	33	92	199	33	-	17	7	1	514	6
11	125	34	92	170	30	2	17	3	1	479	5
12	127	34	93	181	37	3	18	1	4	497	4
13	110	32	86	219	34	-	21	-	3	513	4
14	33	8	23	108	12	6	7	-	3	204	4
15	5	-	-	32	6	9	2	-	1	58	3
16	6	-	-	43	7	7	2	-	1	70	4
17	5	-	-	32	5	-	2	-	-	47	3
18	4	-	-	27	6	-	2	-	-	42	3
19	2	-	-	9	7	-	1	-	2	22	1
20-29	26	-	-	1	139	8	7	-	2	184	1
30-39	25	-	-	-	173	-	7	-	1	207	1
40-49	15	-	-	-	136	-	4	-	1	156	-
50-59	7	-	-	-	63	-	1	-	5	76	-
60+	2	-	-	-	23	-	-	-	-	25	-
TOTALS	1,284	234	783	2,633	831	34	159	88	28	5,950	75
Units Of Service (In 000's)	75	25	34	47	26	-	12	3	1	223	

TABLE 12

Processing Statistics 1998/99

	1998/99	% of Total	1997/98	% of Total
In-Province Claims				
Claims Items Received				
Paper	161,831	3.6	222,069	4.9
Electronics	8,308,132	55.6	8,314,382	55.1
Total Claims Items Received	8,469,964	100.0	8,536,451	100.0
Rejected Claims Items				
At Entry and Validation	21,671		27,825	
At Assessment	225,509		195,472	
Total Claims Items Rejected	247,180		223,297	
Items of Service Processed and Paid	8,222,784		8,313,154	
Out-Of-Province (Medical)				
Items of Service Processed	137,318		136,949	
Reciprocal Billing	6,631		7,293	
Beneficiary Claims				
Average Cost Per Service				
General Practice	\$20.44		\$19.05	
Radiology	\$18.30		\$17.10	
Other Specialists	\$48.48		\$47.22	
Dental Surgery	\$172.00		\$166.06	
Out-of-Province	\$40.39		\$46.07	
Total Average Cost	\$29.46		\$28.65	
Beneficiary Registrations				
Newborns	6,690		7,642	
Canadian Residents (Other Provinces)	8,404		7,441	
Non-Canadian Residents	884		725	
Card Replacements	8,619		8,310	
Name and Address Changes	34,715		24,373	
Eligibility Changes	149		147	
Terminations	20,532		17,829	

TABLE 13

Summary Of Costs Based On Audited Financial Statements 1992/93 - 1998/99*

Year	General Medical Services ^a (\$000)	Payments To Subscribed Physicians (\$000)	General Health Plan (\$000)	Administrative (\$000)	Totals (\$000)
1992/93	107,169	25,363	6,383	4,961	144,096
1993/94	108,754	26,271	5,643	4,819	145,027
1994/95	105,150	25,128	5,706	4,517	140,541
1995/96	111,097	26,812	5,371	4,894	148,074
1996/97	112,313	26,681	4,831	4,189	148,014
1997/98	120,839	25,879	5,215	4,216	156,149
1998/99	126,847	24,217	5,009	4,312	170,385

* Includes medical malpractice premium subsidy

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